



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 2
290 BROADWAY
NEW YORK, NY 10007-1866

DEC 23 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Erik Langhoff, Director
James J. Peters Veterans Administration Medical Center
130 West Kingsbridge Road
Bronx, New York 10468

Re: Notice of Violation/ RCRA 3007 Information Request
James J. Peters Veterans Administration Medical Center
NY3360007279

Dear Mr. Langhoff:

The United States Environmental Protection Agency (EPA) is charged with the protection of health and the environment under Section 3008 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act (RCRA) of 1976 and the Hazardous and Solid Waste Amendments (HSWA) of 1984, 42 U.S.C. 6901, 6928.

On or about March 31, 2014, and April 13 and 23, 2015, a duly authorized representative of EPA conducted inspections of U.S. Veterans Administration, 130 West Kingsbridge Road, Bronx, New York 10468, pursuant to Section 3007 of RCRA, 42 U.S.C. Section 6927. During the inspections, violations of RCRA were observed.

This letter consists of (1) a Notice of Violation which addresses violations of the RCRA requirements determined by EPA during its inspection of the facility; and (2) a request for additional information pertaining to the management of hazardous waste at the facility.

The Notice of Violation is issued pursuant to Section 3008 of the Solid Waste Disposal Act, as amended by the HSWA and RCRA, 42 U.S.C. Section 6928. Issuance of this Notice of Violation and compliance with its terms do not preclude EPA from taking any other formal enforcement action against you and/or your company under Section 3008 of RCRA, 42 U.S.C. Section 6928, or any other applicable regulation or statute. If you have not already done so, you must take immediate action to correct the violations described in the Notice of Violation. Please submit, within thirty (30) calendar days of the receipt of this Notice of Violation, a response which includes a description of the actions you have taken to correct the noted violations and any documentation necessary to demonstrate that the violations have been corrected.

The request for information is made pursuant to the provisions of Section 3007, 42 U.S.C. Section 6927, which requires that you provide the information requested in Enclosure II to this letter using the instructions and definitions included in Enclosure III. This information is required to evaluate the full regulatory and compliance status of the facility. The information requested in Enclosure II must be submitted no later than thirty (30) calendar days from receipt of this letter.

Requests for additional time to provide the information requested in Enclosure II must be justified and must be made within ten (10) calendar days of receipt of this letter. The response must be signed by a responsible official or agent of your company. Failure to respond to this letter truthfully and accurately within the time provided may subject you to sanctions authorized by federal law, including but not limited to a potential enforcement action pursuant to Section 3008 of RCRA, 42 U.S.C. 6928. Please also note that all information you provide may be used in an administrative, civil judicial, or criminal action. This information request is not subject to the requirements of the Paperwork Reduction Act (PRA) as amended, 44 U.S.C. Section 3501 et seq.

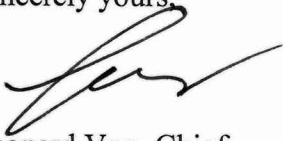
You may, if you so desire, assert a business confidentiality claim covering all or part of the information herein requested. This claim may be asserted by placing on (or attaching to) the information at the time it is submitted, a cover sheet, stamped or typed legend, or other suitable form of notice employing language such as "trade secret," "proprietary," or "company confidential". The claim should set forth the information requested in 40 C.F.R. Section 2.204(e)(4). Information covered by such a claim will be disclosed by EPA only to the extent permitted by, and by means of procedures set forth in, 40 C.F.R. 2. EPA will review the information to determine the extent of confidentiality of the information, and may, at its discretion, challenge the confidentiality claim pursuant to the procedures set forth at 40 C.F.R. 2. If no such claim accompanies the information when it is received by EPA, it may be made available to the public by EPA without further notice to you.

The responses to the Notice of Violation and information request in Enclosure II must be mailed to the following addressee:

Charles Zafonte, Multi-Program Enforcement Officer
Compliance Assistance and Program Support Branch
Division of Enforcement and Compliance Assistance
U.S. Environmental Protection Agency - Region 2
290 Broadway, 21st floor
New York, New York 10007-1866

If you have any questions regarding this matter, please contact Mr. Charles Zafonte at telephone number (212) 637-3515, or EMAIL zafonte.charles@epa.gov.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Leonard Voo', with a stylized flourish extending from the end.

Leonard Voo, Chief
RCRA Compliance Branch
Division of Enforcement and Compliance Assistance

Enclosures

cc: Elaina Jones, GEMS Coordinator (facility address)
Kelly Lewandowski, Supervisor, Site Control Section
New York State Department of Environmental Conservation
625 Broadway, 11th Fl.
Albany, NY 12233-7020

ENCLOSURE I

NOTICE OF VIOLATION

On or about March 31, 2014, and April 13 and 23, 2015, a duly authorized representative of the U.S. Environmental Protection Agency (EPA) conducted inspections of James J. Peters Veterans Administration Medical Center, located at 130 West Kingsbridge Road, Bronx, NY 10468 (the "facility") pursuant to Section 3007 of RCRA, 42 U.S.C. Section 6927. During the inspections, the EPA inspector noted the following violations of RCRA regulations:

- 1.a. Pursuant to 6 NYCRR §§ 372.2(a)(8)(i)('a')('1') and 373-3.9(d)(1), containers of hazardous waste in a satellite accumulation area (SAA) must be kept closed except when adding or removing the waste from the container.
- b. The lab in Room 3F-13 stored paraffin hazardous waste in a container that was not closed. In Room 2F-29, xylene hazardous waste was stored in an open approximately 1-gallon glass bottle.
- c. The facility's failure to keep containers of hazardous waste in a SAA closed when neither adding nor removing the waste from the containers is a violation of 6 NYCRR §§ 372.2(a)(8)(i)('a')('1') and 373-3.9(d)(1).
- 2.a. Pursuant to 6 NYCRR §§ 372.2(a)(8)(iii)('b') and 373-3.9(d)(1), a container holding hazardous waste in a CHWSA must always be closed during storage, except when it is necessary to add or remove waste
- b. In the Room 1F-28 CHWSA in the Research Building, an approximately half-gallon container of waste xylene had a screw-on cap that was not completely closed, and was off-gassing into its cabinet.
- c. The facility's failure to keep a container of hazardous waste in the CHWSA closed except when necessary to add or remove waste is a violation of 6 NYCRR §§ 372.2(a)(8)(iii)('b') and 373-3.9(d)(1).
- 3.a. Pursuant to 6 NYCRR §372.2(a)(2), a person who generates solid waste must determine if that waste is a hazardous waste under RCRA.
- b. During the March 2014 inspection, two approximately 10 pound cardboard cylinders labeled "NRC", stored in the Main Building central hazardous waste storage area (CHWSA) for more than 6 months, contained a white powder in a plastic bag that was unknown to facility representatives as to its composition or its source.

Also, during the April 13, 2015 inspection, the lab located in Rooms 3F-01 to -05 stored a bottle of trichloroacetic acid with approximately 2/3 of a broken cap left on it and what appears to be crystal deposits or aluminum foil on the remaining third of the cap.

- c. The facility's failure to determine which wastes generated are considered hazardous waste under RCRA is a violation of 6 NYCRR §372.2(a)(2).
- 4.a. Pursuant to 6 NYCRR §§ 372.2 (a)(8)(iii)('d') and 373-3.3(b), facilities must be maintained and operated to minimize the possibility of fire, explosion, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water which could threaten human health or the environment
- b. The lab located in Rooms 3F-01 to -05 stored acidic hazardous wastes (acetic acid) and a reagent base (ammonium hydroxide) in the same glass dish. Room 4F-28A stored hazardous waste acids in an approximately 1-gallon bottle within inches of a similar bottle for hazardous waste bases, with no containment separation.
- c. The facility's failure to maintain and operate their laboratories to minimize the possibility of fire, explosion, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water which could threaten human health or the environment is a violation of 6 NYCRR §§ 372.2 (a)(8)(iii)('d') and 373-3.3(b).
- 5.a. Pursuant to NYCRR §372.2(a)(8)(i)('a'), a generator may accumulate up to 55 gallons of hazardous waste or one quart of acutely hazardous waste in containers at or near any point of generation where wastes initially accumulate, which is under the control of the operator of the process generating the waste, without a permit or interim status, and without complying with the requirements for a CHWSA.
- b. Room 4F-22 held a container that was labeled as hazardous paraformaldehyde waste that was generated in Room 2F-14/15, yet Room 4F-22 is not a CHWSA, and is two floors away from the point of generation.
- c. The facility's failure to ensure that containers of hazardous waste in satellite accumulation areas are under the control of the operator of the process generating the waste is a violation of NYCRR §372.2(a)(8)(i)('a').
- 6.a. Pursuant to NYCRR §372.2(a)(8)(i)('a')('2'), the facility must ensure that each hazardous waste container in a SAA is marked with the words 'Hazardous Waste.'

Pursuant to 6 NYCRR §§ 372.2(a)(8)(iii)('b') and 373-3.9(d)(3), the facility must ensure that each hazardous waste container in a CHWSA is marked with the words 'Hazardous Waste.'

- b. On March 31, 2014, the following containers of hazardous waste in the facility's two CHWSAs were not labeled or marked with the words 'Hazardous Waste':
- Five 1-gallon and four 5-gallon containers
 - Sixteen 3-ml columns of T-Gel Adsorbent
 - A vial labeled "Tru-Mold."
 - A box labeled "Ultrapure Dntp Set."
 - A vial of white powder labeled "Potassium Phosphate Dibasic"

On April 13, 2015, the Main Building's CHWSA contained five bags of unlabeled and unmarked chemotherapy hazardous wastes, one bag of chemotherapy hazardous wastes that was labeled only as "chemo," and four 18-gallon bins of hazardous wastes identified only as "Chemotherapy Drug Waste."

On April 13, 2015, EPA observed hazardous waste containers in the following SAAs that were not labeled or marked with the words 'Hazardous Waste':

- In the Dental/Oral Surgery department, lead foil waste was stored in a 5-gallon container that was not labeled or marked as hazardous waste.
 - In Room 4F-07, a white plastic bucket stored ethidium bromide hazardous waste, but had no labels or markings of any kind.
 - The Main Pharmacy stored two containers of hazardous wastes that were labeled as D- and U-listed wastes, as well as a container of sharps containing hazardous wastes. The three containers had no hazardous waste label.
- c. The facility's failure to ensure that containers of hazardous waste in the SAAs and the CHWSAs are marked with the words 'Hazardous Waste' on each container is a violation of NYCRR §§372.2(a)(8)(i)('a')('2'), 372.2(a)(8)(iii)('b') and 373-3.9(d)(3).
- 7.a. Pursuant to 6 NYCRR §§ 372.2(a)(8)(iii)('d') & 373-1.1 (d)(1)(iii)('c')('2'), a hazardous waste generator must mark containers of hazardous waste being stored in a CHWSA with the date upon which each period of accumulation begins.
- b. On March 31, 2014, the following containers of hazardous waste in the facility's CHWSAs were not dated:
- Seven half-pint, five 1-pint, one 1-quart, five 1-gallon and five 5-gallon containers.
 - A 100g bottle of phenol crystals and a 5g bottle of bromophenol blue had no dates.
 - Sixteen 3-ml columns of T-Gel Adsorbent.
 - A vial labeled "Tru-Mold."
 - A box labeled "Ultrapure Dntp Set."
 - A vial of white powder labeled "Potassium Phosphate Dibasic."

On April 13, 2015, the Main Building's CHWSA contained five bags of undated chemotherapy hazardous wastes.

- c. The facility's failure to mark containers of hazardous waste being stored in a CHWSA with the date upon which each period of accumulation begins is a violation of 6 NYCRR §§ 372.2(a)(8)(iii)('d') & 373-1.1 (d)(1)(iii)('c')('2')
- 8.a. Pursuant to 6 NYCRR §§ 372.2(a)(8)(iii)('d') and 373-3.3(g), facilities must attempt to make advanced emergency arrangements with the local fire department(s), local police department(s), local hospital(s), emergency response teams, emergency equipment suppliers and contractors. Where State or local authorities decline to enter such arrangements, the owner or operator must document the refusal in the operating record.

- b. Upon inquiry, the facility representative stated that the facility could not provide a record of attempting to make arrangements with local emergency responders.
 - c. The facility's failure to attempt to make arrangements with local emergency responders is a violation of 6 NYCRR §§ 372.2(a)(8)(iii)('d') and 373-3.3(g).
- 9.a. Pursuant to 6 NYCRR §§ 372.2(a)(8)(iii)('b') and 373-3.9(e), the facility must conduct weekly inspections of CHWSAs looking for leaks and for deterioration caused by corrosion or other factors.
- b. Inspection logs for both CHWSAs were missing from November 31 to December 31, 2014, and for December 16 - 31, 2013. For the Research Building CHWSA, inspection logs were missing for all of 2012.
 - c. The facility's failure to conduct meaningful weekly inspections of containers looking for leaks and for deterioration caused by corrosion or other factors is a violation of 6 NYCRR §§ 372.2(a)(8)(iii)('b') and 373-3.9(e).
- 10.a. Pursuant to NYCRR § 372.2(c)(3), a generator who does not receive a copy of the manifest with the handwritten signature of the owner or operator of the designated TSD facility within 35 days of the date of shipment must immediately contact the transporter and/or disposal facility to determine the status of the shipment. If within 45 days of the date of shipment the generator has not received a signed copy of the manifest, an exception report must be submitted to the Department. Such an exception report must be kept by the generator for a period of three years from the due date of the report.
- b. Upon inquiry per the March 2014 inspection, the facility could provide no designated facility return manifest copy for Manifest #004160426 FLE, dated 12/29/11, which is for 224 pounds of chlorambucil and cyclophosphamide (U010, U035 and U058) and 1 pound of nicotine and warfarin (P001, P075, P188 and P204).
 - c. The facility's failure, upon not receiving a copy of the manifest with the handwritten signature of the owner or operator of the designated facility within 35 days of the date of shipment to immediately contact the transporter and/or disposal facility to determine the status of the shipment, and upon not receiving this copy within 45 days of the date of shipment to submit an exception report to the state is a violation of NYCRR § 372.2(c)(1)(3).
- 11.a. Pursuant to 6 NYCRR § 372.2(a)(8)(iii)('e')('3'), a generator must ensure that all employees are thoroughly familiar with proper waste handling procedures relevant to their responsibilities during normal facility operations and emergencies.
- b. The facility could not provide documentation of hazardous waste management training for the last three years. Further, the wide range of violations in CHWSAs, SAAs and recordkeeping indicate that the training provided has been ineffective.

- c. The facility's failure to ensure that all employees are thoroughly familiar with proper waste handling procedures relevant to their responsibilities during normal facility operations and emergencies is a violation of 6 NYCRR § 372.2(a)(8)(iii)(c)(3).
- 12.a. Pursuant to 6 NYCRR §§ 372.2(a)(8)(ii), 373-1.1(d)(1)(iii)(c)(5) and 373-3.4(b)(1), each owner or operator of a large quantity generator (LQG) must have a contingency plan for the facility, designed to minimize hazards to human health or the environment from fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water.
- b. The facility's 2013 hazardous waste report included 63 pounds of P wastes, composed of sodium azide and sodium cyanide from the facility's research labs and warfarin from the clinical labs. Facility representatives also stated during the April 13, 2015 inspection that the facility was a LQG in 2013. However, the facility has never had a Contingency Plan.
 - c. The failure of the facility to have a Contingency Plan in 2013 is a violation of 6 NYCRR §§ 372.2(a)(8)(ii), 373-1.1(d)(1)(iii)(c)(5) and 373-3.4(b)(1).
- 13.a. Pursuant to 6 NYCRR §§ 372.2(a)(8)(ii), 373-1.1(d)(1)(iii)(c)(5) and 373-3.2(g)(4)(i), a LQG must document the job title for each position at the facility related to hazardous waste management and name the employee filling each job.
- b. At the time of the April 13, 2015 inspection, the facility could not document the job title for each position at the facility related to hazardous waste management and name the employee filling each job in 2013.
 - c. The facility's failure to document in 2013 the job title for each position at the facility related to hazardous waste management and name the employee filling each job is a violation of 6 NYCRR §§ 372.2(a)(8)(ii), 373-1.1(d)(1)(iii)(c)(5) and 373-3.2(g)(4)(i).
- 14.a. Pursuant to 6 NYCRR §§ 372.2(a)(8)(ii), 373-1.1(d)(1)(iii)(c)(5) and 373-3.2(g)(4)(ii), a LQG must prepare a written job description for each position as it relates to hazardous waste management.
- b. At the time of the April 13, 2015 inspection, the facility could not provide a written job description for each position as it relates to hazardous waste management in 2013.
 - c. The facility's failure to prepare a written job description for each position as it relates to hazardous waste management in 2013 is a violation of 6 NYCRR §§ 372.2(a)(8)(ii), 373-1.1(d)(1)(iii)(c)(5) and 373-3.2(g)(4)(ii).
- 15.a. Pursuant to 6 NYCRR §§ 372.2(a)(8)(ii), 373-1.1(d)(1)(iii)(c)(5) and 373-3.2(g)(4)(iii), a LQG must have a written description of the type and amount of both introductory and continuing training that will be given to each person related to hazardous waste management.

- b. At the time of the April 13, 2015 inspection, the facility did not have a written description of the amount of introductory and continuing training that was to be given to each person related to hazardous waste management in 2013.
 - c. The facility's failure to have a written description of the type and amount of both introductory and continuing training that was to be given to each person related to hazardous waste management in 2013 is a violation of 6 NYCRR §§ 372.2(a)8(ii), 373-1.1(d)(1)(iii)(‘c’)(‘5’) and 373-3.2(g)(4)(iii).
- 16.a. Pursuant to 6 NYCRR §§ 372.2(a)8(ii), 373-1.1(d)(1)(iii)(‘c’)(‘5’) and 373-3.2(g)(1) (ii), the training program at a LQG must be directed by a person trained in hazardous waste management procedures and must include instruction which teaches facility personnel hazardous waste procedures (including contingency plan implementation) relevant to the positions in which they are employed.
- b. At the time of the April 13, 2015 inspection, the facility did not have documentation to prove that its training program in 2013 was directed by a person trained in hazardous waste management procedures and included hazardous waste procedures.
 - c. The facility's failure to ensure that the training program in 2013 was directed by a person trained in hazardous waste management procedures and included instruction that taught facility personnel hazardous waste procedures (including contingency plan implementation) relevant to the positions in which they are employed is a violation of 6 NYCRR §373-3.2(g)(1) (ii).
- 17.a. Pursuant to 6 NYCRR §§ 372.2(a)8(ii), 373-1.1(d)(1)(iii)(‘c’)(‘5’) and 373-3.2(g)(2), facility personnel at a LQG must have successfully completed the training program within six months after the date of their employment or an assignment to a facility, or to a new position at a facility, whichever is later.
- b. At the time of the April 13, 2015 inspection, no records were produced to show that facility personnel in 2013 were trained as required in the paragraph above.
 - c. The facility's failure to ensure that facility personnel in 2013 had successfully completed the training program within six months after the date of their employment or an assignment to a facility, or to a new position at a facility, whichever is later is a violation of 6 NYCRR §§ 372.2(a)8(ii), 373-1.1(d)(1)(iii)(‘c’)(‘5’) and 373-3.2(g)(2).
- 18.a. Pursuant to 6 NYCRR §§ 372.2(a)8(ii), 373-1.1(d)(1)(iii)(‘c’)(‘5’) and 373-3.2(g)(5), training records on current personnel at a LQG must be kept until closure of the facility. Training records on former employees must be kept for at least three years from the date the employee last worked at the facility.
- b. At the time of the April 13, 2015 inspection, no hazardous waste management training records were produced for the personnel handling hazardous waste in 2013. The facility could only provide sign-in sheets for training in research safety for 2013.

c. The facility's failure to keep training records on personnel employed at the facility in 2013 is a violation of 6 NYCRR §§ 372.2(a)8(ii), 373-1.1(d)(1)(iii)('c')('5') and 373-3.2(g)(5).

20.a. Pursuant to 6 NYCRR § 372.2(a)8(ii), a LQG may accumulate hazardous waste on-site for a period of 90 days or less.

Pursuant to § 372.2(a)8(iii), a SQG may accumulate non-acute hazardous waste on-site up for 180 days or less.

b. On March 31, 2014, the following containers of hazardous waste in the CHWSA in the R&D building had accumulation dates more than 180 days:

- One container of barbitol, dated 3/7/2012 and two other containers of unknown hazardous waste dated 6/17/2013;
- Two ~10-lb cardboard cylinders labeled "NRC" and dated 6/20/2013 (The containers held a white powder in a plastic bag, but no one representing the facility knew what it was, or how it came to be located in the room.); and

c. The facility's failure to ensure that hazardous waste is not stored on-site for more than 180 days (or 90 days in 2013) is a violation of 6 NYCRR §§ 372.2(a)8(ii) and (iii).

21.a. Pursuant to 6 NYCRR § 374-3.2(f)(3), a small quantity handler of universal waste (UW) must be able to demonstrate the length of time that the UW has been accumulated from the date it becomes a waste by marking the accumulation start date on the container, maintaining an inventory, or implementing another method.

b. On March 31, 2014, there was an undated box of UW non-green-tipped fluorescent bulbs (at least one was broken) behind a 275-gallon above-ground storage tank.

c. The facility's failure to demonstrate the length of time that UW has been accumulated from the date it becomes a waste is a violation of 6 NYCRR § 374-3.2(f)(3).

22.a. Pursuant to 6 NYCRR § 374-3.2(e)(5), each lamp or a container or package in which such lamps are contained must be labeled or marked clearly with one of the following phrases: Universal Waste-Lamp(s), or Waste Lamp(s), or Used Lamp(s).

b. On March 31, 2014, there was an unlabeled box of UW fluorescent bulbs (at least one was broken) behind a 275-gallon above ground storage tank.

c. The facility's failure to label or mark clearly UW lamps, or a container of UW lamps as required is a violation of 6 NYCRR §§ 374-3.2(e)(5).

23.a. Pursuant to 6 NYCRR § 374-3.2(f)(1), a small quantity handler of universal waste may accumulate universal waste for no longer than one year from the date the universal waste is generated, or received from another handler.

- b. On March 31, 2014, the following container of hazardous waste in the CHWSA in the R&D building had accumulation dates more than a year ago: three UW bulbs and a thermometer, all labeled for mercury, dated 1/19/2013 and 2/8/13;
 - c. The facility's failure to ensure that universal waste is not stored on-site for more than a year is a violation of 6 NYCRR §§ 374-3.2(f)(1).
- 24.a. Pursuant to 6 NYCRR § 374-3.2(d)(4)(i), a small quantity handler of universal waste must contain any lamp in containers or packages that are structurally sound, adequate to prevent breakage, and compatible with the contents of the lamps. Such containers and packages must remain closed and must lack evidence of leakage, spillage or damage that could cause leakage under reasonably foreseeable conditions.
- b. On March 31, 2014, there was an open box of UW fluorescent bulbs (at least one was broken) behind a 275-gallon above ground storage tank.
 - c. The facility's failure to ensure that containers of UW lamps are kept closed is a violation of 6 NYCRR §§ 374-3.2(d)(4)(i).

ENCLOSURE II

A RCRA Compliance Evaluation Inspection of James J. Peters Veterans Administration Medical Center ("the facility"), located at 130 West Kingsbridge Road, Bronx, NY 10468 was conducted on March 31, 2014 and April 13 and 23, 2015 by an authorized EPA representative. Based on a review of the information obtained during this RCRA inspection (the "Inspection"), we have determined that the following information is required to evaluate the compliance of the facility.

1. With regard to the violations cited in the above Notice of Violation (Enclosure I), please provide (1) a description of the actions taken to correct the violations cited and provide documentation, including photographs (where applicable), verifying that each violation has been corrected; or (2) a rebuttal of the violations.

The relevant time period for the following questions is three years of recordkeeping preceding the date of receipt of this letter, unless otherwise specified.

2. State the facility's generator status, and provide supporting data such as manifests. Ensure that all manifests are legible and include the date of receipt of the waste by the designated facility.

3. Provide documentation concerning the facility's hazardous waste determinations for waste generated in the last 3 years from receipt of this letter. This documentation should include the basis for the determination.

4. Provide copies of all exception reports filed with NYSDEC.

5. Provide exception reports for all manifests for which the facility did not have return receipts within 45 days of shipment.

6. Explain why return manifest receipts were not available during the EPA inspection.

7. Identify the chemicals and their quantities at the facility that are no longer useful, characterize them under RCRA and provide manifests of their appropriate disposal.

8. Explain how training will be improved to prevent recurrence of the violations noted herein.

9. Explain how access to the facility's CHWSA will be restricted to ensure that hazardous wastes are handled appropriately.

10. Provide an improved inspection form for the facility's CHWSA which would provide room on the form for observations during each inspection of the conditions of the containers, labeling of the containers, compatibility of containers, etc.

11. Identify which chemicals were moved by facility representatives from the laboratories as a result of EPA's April 13th inspection and stored in the CHWSA of the Research Building on April 23rd.

ENCLOSURE III

INSTRUCTIONS AND DEFINITIONS

In responding to this Request for Information, apply the following instructions and definitions:

1. The signatory should be an officer or agent who is authorized to respond on behalf of James J. Peters Veterans Administration Medical Center ("facility"). The signatory must sign the attached Certification of Answers (Enclosure IV) and return it with the response to this Request for Information.
2. A complete response must be made to each individual question in this Information Request. Identify each answer with the corresponding number listed in Enclosure II.
3. In preparing your response to each question, consult with all present and former employees and agents of the facility who may be familiar with the matter to which the question pertains.
4. In answering each question, identify all contributing sources of information.
5. If you are unable to answer a question in a detailed and complete manner or if you are unable to provide any of the information or documents requested, indicate the reason for your inability to do so. If you have reason to believe that there is an individual who may be able to provide more detail or documentation in response to any question, state that person's name and last known address and phone number and the reasons for your belief.
6. If you cannot provide a precise answer to any question, please approximate and state the reason for your inability to be specific.
7. For each document produced in response to this Request for Information, indicate on the document or in some other reasonable manner, the number or letter of the question to which it applies.
8. If anything is deleted or redacted from a document produced in response to this Request for Information, state the reason for and the subject matter of the deletion or redaction.
9. If a document is requested but is not available, state the reason for its unavailability. In addition, identify any such document by author, date, subject matter, number of pages, and all recipients and their addresses.
10. The facility, for the purposes of this Request for Information, is James J. Peters Veterans Administration Medical Center located at 130 West Kingsbridge Road, Bronx, New York 10468.
11. A *hazardous waste generator* is defined, for the purposes of this Request for Information, as any person (which includes this facility) whose act or process produces hazardous waste or whose act first causes a hazardous waste to become subject to regulation.

12. *Hazardous waste* is defined, for the purposes of this Request for Information, as it is defined in Section 1004(5) of RCRA, as amended, 42 USC 6903(5).
13. *Manage* is defined, for the purposes of this Request for Information, as: to market, generate, treat, store, dispose, or otherwise handle.
14. *Hazardous Constituents* is defined, for the purposes of this Request for Information, as those substances listed in 40 CFR 261 Appendix VIII.
15. The term *Solid Waste Management Unit (SWMU)* is defined, for the purposes of this Request for Information, as any landfill, surface impoundment, land application area, waste pile, incinerator, tank, injection well, transfer station, waste recycling operation, tank, or container storage area that currently or formerly was used to manage a solid waste.

ENCLOSURE IV

CERTIFICATION OF ANSWERS

CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in response to EPA's Request for Information, and all documents submitted herewith; that the submitted information is true, accurate, and complete; and that all documents submitted herewith are complete and authentic, unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name (print or type)

SIGNATURE

DATE

TITLE